

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NUR	12	12-04-01
O.I.P.E. CLASSIFIER		12/17	
FORMALITY REVIEW	H.T.	1117	12/19/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	8-27-01
1	✓
2	✓
3	✓
4	✓
5	✓
6	0
7	0
8	✓
9	✓
10	✓
11	✓
12	✓
13	0
14	0
15	✓
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17	0
18	✓
19	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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119/01